NAME OF PA	NAME OF PAYEE EXTENSION				TRANSPORTATION ALLOWANCE AUTHORIZED YES		
INSTRUCTION Show odome	NS: Indicate or ter readings or	igin and desti	nation and mileage way mileage for PO	for POV use V outside Wa	except where covered by establi shington Metropolitan Area.	shed	
DATE	DESCRIPTION					AN	
290ct	Oct POV from residence to Washington National Airport and return on official business (9 miles round trip)						
3 Nov	POV from residence to Washington National Airport and return						
	on offi	on official business (9 miles round trip)					
	(2017)						
FOR TRAVEL	(CONTINUE ON R	e Metropolitan	Washington Area)	NSERT TRAVEL	TOTAL	\$1	
OR HAVE CLA	IM APPROVED BY	A TRAVEL AUTH	ORIZING OFFICIAL.				
that I have from any oth	ze by me in the	conduct of of will I be, rei that this cla	d above were nec- ficial business, mbursed therefor im and attach-	receive cur official fu	my agent, whose signature appea rency amounting to \$1.80 nds on my behalf and acknowledg and my responsibility therefor,	e rec	
DATE	SIGNATURE OF C	CLAIMANT	i	DATE	SIGNATURE OF AGENT		
7Dec67			STATINTL	7.Dec 67			
OBLIGATION R	EFERENCE NO.	FAN ACCOUNT	NO.	DATE	SI		
-1111				7Dec67			
Distri	AP	PROVAL			RECEIPT		
DATE		OVED AS ADVAN	ITAGEOUS	DATE	STATINTL		
SIGNATURE O	F APPROVING O	FFICER		SIGNATURE	L		